THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (DR. C. SILVERA): (a) and (b) While no survey has been conducted, data on health state and on morbidity of communicable diseases collected regularly in Maharashtra.

(c) Question does not arise.

(d) Villages in the State are covered through a network of sub-centres, Primary Health Centres and Community Health Centres.

In tribal hilly and under served areas 161 Primary Health Units (Mini PHCs) and 60 Mobile Health Units have been establish.

(e) Government of Maharashtra have launched special action plan for tribal and under served areas which include publicity and interpersonal communication to motivate people to avail of these services.

Meeting with Tobacco farmers of Karnataka to discuss anti-Tobacco Legislation

1178. SHRI GUNDAPPA KORWAR: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether any meeting has been conducted with the tobacco farmers and beedi-workers of Karnataka by Ministry of Health and Family Welfare to discuss with them the proposed anti-tobacco legislation;

(b) details of such meetings, and

(c) the names of the participants and organisations?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (DR. C. SILVERA): (a) to (c) Government had organised a National Conference on Tobacco or Health on 27-28 July, 1991, in which representatives from various Government/ non-Government organisations including a few major tobacco growers participated. In the conference, all the tobacco related issue were analysed in depth.

गुजरात में कैंसर के उपचारार्थ सुविधायें

1179. **श्रीमती उर्मिला चिमनभाई पटेल** : क्या स्वास्थ्य और परिवार कल्याण मंत्री यह बताने की कृपा करेंगे कि :

(क) गुजरात राज्य में इस समय कैंसर केन्द्रों की संख्या कितनी है ;

(ख) क्या इन केन्द्रों में कैंसर रोगियों के उपचार हेतु अनिवार्य आधार भूत सुविधायें उपलब्ध हैं ;

(ग) यदि नहीं, तो इन सुविधाओं को प्रदान करने के लिये सरकार द्वारा क्या कदम उठाये गये हैं ; और

(घ) चालू वर्ष के दौरान राज्य में इन अस्पतालों के लिये कितनी धन राशि रखी गई है तथा अभी तक कितनी राशि दी जा चुकी है?

स्वास्थ्य और परिवार कल्याण मंत्रालय में राज्य मंत्री (डा० सी० सिल्वेरा) : (क) कैंसर के उपचार के लिये पांच केन्द्र हैं ।

(ख) और (ग) गुजरात कैंसर एवं अनुसंधान संस्थान, अहमदाबाद कैंसर के निदान और उपचार के लिये व्यापक सुविधायें प्रदान करता है । अन्य चार केन्द्रों में विकिरण चिकित्सा सुविधायें उपलब्ध हैं ।

(घ) गुजरात कैंसर एवं अनुसंधान संस्थान, अहमदाबाद को 50 लाख रुपये प्रति वर्ष प्रदान किये जाते हैं ।

इर्विन ग्रुप आफ हास्पिटल्स को भी सहायता प्रदान करने का प्रस्ताव है।

Combating Kala-Azar

1180. SHRI PARMESHWAR KUMAR AGARWALLA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that bulk of the Kala-azar cases are found in the States of Bihar, West Bengal, Orissa, etc.;

(b) State-wise incidence and number of deaths due to Kala-azar, during the last five years;

(c) the budgetary allocation for kala-azar control programme for different states during the last five years and actual expenditure during these years; and

(d) steps taken to control Kala-azar in different States, the progress towards this and the time frame for its ultimate eradication?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (DR. C. SILVERA): (a) Kala-azar cases are reported from the States of Bihar and West Bengal. No kala-azar cases are reported from Orissa.

(b) A statement is annexed (See below)

(c) Budgetary allocation for Kala-azar was started from the year 1990-91. Details of the allocation are given below:

(Rs. in crores)

Year	Budget Allocation	Expenditure Bihar	Expenditure West Bengal
1990-91	4·06	3·28	0.78
1991-92	15·35	15.35	
1992-93	20·00	19·20	1·74
1993-94	20·00	17·24	8·40

(d) Steps taken include:

— Insecticidal sparay to interrupt diseases transmission.

— early detection and prompt treatment

— health education and community participation.

— Central supply to total requirement of insecticides and drugs under the programme.

As a result of the central strategy adopted, a declining trend both in morbidity and mortality due to Kala-azar has been reported since 1993. The present strategy aims at controlling the diseases.